



Application for Employment

(Please Type or Print)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Date: _____

I. Personal Information

Name: Last _____ First _____ Middle _____

Present Address _____

Permanent Address (if different from above) _____

Social Security Number _____ Telephone Number _____

Email _____

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid Driver's License, Birth Certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Position Applied For: _____

1. Is there any information we need about your name or use of another name for us to be able to check your work record? Please specify:

2. Do you have any relatives who are presently (or have formerly been) employed by Rood and Riddle?

3. How were you referred to Rood and Riddle?

4. Have you ever been convicted of a felony? Yes No If yes, please explain:

II. Educational History

School Name/Location	Years Completed	Degree/Diploma
High School _____		
College _____		
Tech. Training _____		
Other _____		

III. Employment Record *Please include all employment for the last five years.*

1. _____
Company Name (Current or Most Recent Employer) Position Held

Address Dates Employed: _____
From To

Manager/Supervisor Telephone Wage/Salary

Reason for Leaving

May We Contact For Reference? Yes No

2. _____
Company Name Position Held

Address Dates Employed: _____
From To

Manager/Supervisor Telephone Wage/Salary

Reason for Leaving

May We Contact For Reference? Yes No

3. _____
Company Name Position Held

Address Dates Employed: _____
From To

Manager/Supervisor Telephone Wage/Salary

Reason for Leaving

May We Contact For Reference? Yes No

NOTE: Use a separate sheet to list additional employers, if necessary. We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

My signature below denotes:

I do not have a signed non-compete or equivalent agreement with any current or former employer that would prohibit me from accepting a position with Rood and Riddle Equine Hospital.

X _____

IV. Professional References (No Relatives or Friends Please).

1. _____
Name
_____ Years Known
_____ Telephone Number
_____ Address
_____ Relationship

2. _____
Name
_____ Years Known
_____ Telephone Number
_____ Address
_____ Relationship

3. _____
Name
_____ Years Known
_____ Telephone Number
_____ Address
_____ Relationship

V. Work Availability

1. If your application receives favorable consideration, when will you be available to begin work?

- | | | |
|---|-----|----|
| 2. Do you have any objection to working overtime? | Yes | No |
| 3. Can you work overtime without prior notice? | Yes | No |
| 4. Are you willing to work on second shift? | Yes | No |
| 5. Are you willing to work on third shift? | Yes | No |
| 6. Can you work on Saturday? | Yes | No |
| 7. Can you work on Sunday? | Yes | No |
| 8. Can you lift up to 50 pounds? | Yes | No |

VI. Salary / Hourly Rate Requirements

If your application receives favorable consideration, what salary/hourly rate would you require?

\$ _____ per _____

I understand that any offer of employment is contingent upon my ability to produce documentation in a timely manner that will satisfy the requirements of the Immigration Reform & Control Act of 1986. I also understand that employment with Rood and Riddle Equine Hospital is terminable-at-will.

I certify that all of the above information is accurate, and I authorize Rood and Riddle to make a thorough investigation of my employment and educational background.

Signature: _____ Date: _____

DETAILED WORK EXPERIENCE
Not applicable to office or lab positions

What equine experience do you have other than your own horses? (Detailed description)

Have you worked with? : (Give duration of job and job details)

Broodmares: _____

Foals: _____

Weanlings: _____

Yearlings: _____

Racehorses/Performance horse: _____

Have you worked with injured/ill horses? (Your own or job) _____

APPLICANTS NAME _____

DATE OF APPLICATION _____